

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PS751P1
	First Named Inventor	Craig A. Rosen
	COMPLETE IF KNOWN	
	Application Number	Not Yet Assigned
	Filing Date	February 9, 2004
	Art Unit	N/A
	Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

89 HUMAN SECRETED PROTEINS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number **22195** OR ☐ Correspondence address below

I hereby appoint the Practitioners at the above-listed Customer Number as my attorney(s)/agent(s) to prosecute the application identified above, including any continuation or divisional applications, and to transact all business in the United States Patent and Trademark Office connected therewith.

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Craig A.

Family Name
or Surname

Rosen

Inventor's
Signature

Date

Residence: City

Laytonsville

State

MD

Country

United States of America

Citizenship

US

Mailing
Address:

22400 Rolling Hill Lane

City

Laytonsville

State

MD

ZIP

20882

Country

United States of America

NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Kevin P.

Family Name
or Surname

Baker

Inventor's
Signature

Date

Residence: City

Darnestown

State

MD

Country

United States of America

Citizenship

United Kingdom

Mailing
Address:

14006 Indian Run Drive

City

Darnestown

State

MD

ZIP

20878

Country

United States of America

☒

Additional inventors or a legal representative are being named on the **3** supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet		Page 1 of 3	
-------------	--	--	--	--	--	-------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles E.				Birse			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
North Potomac		MD		United States of America		United Kingdom	
Mailing Address:		13822 Saddlevue Drive					
City		State		Zip		Country	
North Potomac		MD		20878		United States of America	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gil H.				Choi			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Rockville		MD		United States of America		US	
Mailing Address:		11429 Potomac Oaks Drive					
City		State		Zip		Country	
Rockville		MD		20850		United States of America	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Michele				Fiscella			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Bethesda		MD		United States of America		Italy	
Mailing Address:		6308 Redwing Road					
City		State		Zip		Country	
Bethesda		MD		20817		United States of America	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
George A.				Komatsoulis			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Silver Spring		MD		United States of America		US	
Mailing Address:		9518 Garwood Street					
City		State		Zip		Country	
Silver Spring		MD		20901		United States of America	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet	
				Page <u>2</u> of <u>3</u>	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Paul A.			Moore		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
North Bethesda		MD	United Kingdom		
Mailing Address: 7013 Old Gate Road					
City		State	Zip		Country
North Bethesda		MD	20852		United States of America
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Jian			Ni		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Germantown		MD	United States of America		China
Mailing Address: 17815 Fair Lady Way					
City		State	Zip		Country
Germantown		MD	20874		United States of America
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Henrik S.			Olsen		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Gaithersburg		MD	United States of America		Denmark
Mailing Address: 182 Kendrick Place, #24					
City		State	Zip		Country
Gaithersburg		MD	20878		United States of America
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Steven M.			Ruben		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Brookeville		MD	United States of America		US
Mailing Address: 19420 Pyrite Lane					
City		State	Zip		Country
Brookeville		MD	20833		United States of America

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet		Page <u>3</u> of <u>3</u>	
-------------	--	--	--	--	--	---------------------------	--

Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Ping			Wei		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Agoura Hills		CA	China		
Mailing Address: 5811 Saint Laurent Drive					
City		State	Zip		Country
Agoura Hills		CA	91301		United States of America

Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Mailing Address:					
City		State	Zip		Country

Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Mailing Address:					
City		State	Zip		Country

Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Mailing Address:					
City		State	Zip		Country